PTO/SB/17 (10-07)
Approved for use through 06/30/2010, OMB 0661-0032

Under the Pa	to respond to a collect	respond to a collection of information unless it displays a valid OMB control number.					
		Complete if Known					
Fees pursuant to	т ференция от тто	T deprication Training		10/591,859-Conf. #4761			
FEE TRANSMITTAL						ber 8, 2006	
For FY 2008						erbert KRISTENSEN	
			Examiner Nam			J. D. Sotelo	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit				
TOTAL AMOUNT OF PAYMENT (\$) 120		(\$) 120.00	Attorney Docke	t No.	1380-0229PUS1		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kotasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FI		EARCH FEES		NATION FEES		
Application T	pe Fee (\$	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Face I	Paid (\$)
Utility	310	155 51		210	105	1444	uru (v)
Design	210	105 10		130	65		
Plant	210	105 10		160	80		
Reissue	310	155 51		620	310		
Provisional	210		0 233	020	310		
1101101011111	=	105	0 0	U	U		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)							
Fee Description         Fee (3)         Fee (3)         Fee (3)           Each claim over 20 (including Reissues)         50         25							
Each independent claim over 3 (including Reissues)							105
Multiple dependent claims 370 185							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
x =x					Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
1 -3 = X = HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00							
SUBMITTED BY ATTACK							
Signatura	-avo	At 61007	Registration No. (Attorney/Agent)	43,368	Telephone	(703) 20	5-8000
Name (Print/Type)	Paul C. Lewis	1 A-maintaine and age)		Date 5	Septembe		
CAA TW							